

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	17					
TOTAL CLAIMS	19					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS